

GENERAL LIABILITY

As a minimum, the required general liability coverage will include:

- Premises Operations
- Blanket Contractual
- Expanded Definition Of Property Damage
- Products and Completed Operations
- Personal Injury

Required Limits:

GL1	<u> X </u>	\$100,000 per Person; \$300,000 per Occurrence \$50,000 Property Damage or \$300,000 Combined Single Limit
GL2	<u> </u>	\$250,000 per Person; \$500,000 per Occurrence \$50,000 Property Damage or \$500,000 Combined Single Limit
GL3	<u> </u>	\$500,000 per Person; \$1,000,000 per Occurrence \$100,000 Property Damage or \$1,000,000 Combined Single Limit
GL4	<u> </u>	\$5,000,000 Combined Single Limit

Required Endorsement:

GLXCU	<u> </u>	Underground, Explosion and collapse (XCU)
GLLIQ	<u> </u>	Liquor Liability
GLS	<u> X </u>	Security Services

All endorsements are required to have the same limits as the basic policy

14. TERMINATION

- A. The County may terminate this contract for cause with seven (7) days notice to the Contractor. Cause shall constitute a breach of the obligations of the Contractor to perform the services enumerated as the Contractor's obligations under this contract.
- B. Either of the parties hereto may terminate this contract without cause by giving the other party sixty (60) days written notice of its intention to do so.

15. GOVERNING LAWS

This Agreement is governed by the laws of the State of Florida. Venue for any litigation arising under this Agreement must be in Monroe County, Florida. In the event of any litigation, the prevailing party is entitled to attorney's fees and costs.

IN WITNESS WHEREOF the parties hereto have executed this Agreement on the day and date first written above in four (4) counterparts, each of which shall, without proof or accounting for the other counterparts, be deemed an original contract.

(SEAL)

Attest: DANNY L. KOLHAGE, CLERK

BOARD OF COUNTY COMMISSIONERS
OF MONROE COUNTY, FLORIDA

By: _____
Deputy Clerk

By: _____
Mayor/Chairman

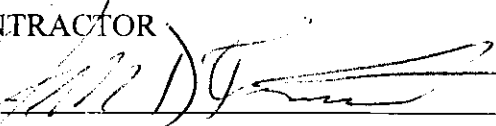
(SEAL)

Attest:

By: _____
WITNESS

Title: _____

CONTRACTOR

By:  _____

Title: OWNER

By: _____
WITNESS

Title: _____

Progressive Insurance
Commercial Vehicle Division
6300 Wilson Mills Road
Mayfield Village, OH 44143
800-444-4487



Policy number: 02325710-0

February 23, 2004

Page 1 of 1

Certificate of Insurance

Certificate Holder

Additional Insured
MONROE COUNTY
1100 SIMONTON S
KEY WEST, FL 33040

Insured

JOSEPH FERNANDES
DBA EAGLE SECURITY
1050 SYLVIA AVE
MARATHON, FL 33050

Agent

PROGRESSIVE
PO BOX 94739
CLEVELAND, OH 44101

This document certifies that insurance policies identified below have been issued by the designated insurer to the insured named above for the period(s) indicated. This Certificate is issued for information purposes only. It confers no rights upon the certificate holder and does not change, alter, modify, or extend the coverages afforded by the policies listed below. The coverages afforded by the policies listed below are subject to all the terms, exclusions, limitations, endorsements, and conditions of these policies.

Policy Effective Date: Oct 2, 2003

Policy Expiration Date: Oct 2, 2004

Insurance coverage(s)

Bodily Injury/Property Damage

Personal Injury Protection

Limits

\$50,000/\$100,000/\$25,000

\$10,000 w/\$0 Ded - Named Insured Only

Description of Location/Vehicles/Special Items**Scheduled autos only**

1990 CHEVROLET SUV 1GNCT18Z0L0117943

1993 GMC SUV 1GKCS13W2P2501231

1991 CHEVY SUV 1GNCS18Z7M8277846

1993 FORD PASS AUTO 1FAPP154PW340671

Certificate number

05404BSI710

Please be advised that additional insureds and lienholders will be notified in the event of a mid-term cancellation.

MONROE COUNTY, FLORIDA

INSURANCE CHECKLIST FOR VENDORS SUBMITTING PROPOSALS FOR WORK

To assist in the development of your proposal, the insurance coverages marked with an "X" will be required in the event an award is made to your firm. Please review this form with your insurance agent and have him/her sign it in the place provided. It is also required that the bidder sign the form and submit it with each proposal.

WORKERS' COMPENSATION AND EMPLOYERS' LIABILITY

	<u>X</u>	Workers' Compensation	Statutory Limits
WC1	<u>X</u>	Employers Liability	\$100,000/\$500,000/\$100,000
WC2	<u> </u>	Employers Liability	\$500,000/\$500,000/\$500,000
WC3	<u> </u>	Employers Liability	\$1,000,000/\$1,000,000/\$1,000,000
WCUSLH	<u> </u>	US Longshoremen & Harbor Workers Act	Same as Employers' Liability
WCJA	<u> </u>	Federal Jones Act	Same As Employers' Liability

VEHICLE LIABILITY

As a minimum, coverage should extend to liability for:

- Owned; Non-owned; and hired Vehicles

Required Limits:

VL1	<u> X </u>	\$50,000 per Person; \$100,000 per Occurrence \$25,000 Property Damage or \$100,000 Combined Single Limit
VL2	<u> </u>	\$100,000 per Person; \$300,000 per Occurrence \$ 50,000 Property Damage or \$300,000 Combined Single Limit
VL3	<u> </u>	\$500,000 per Person; \$1,000,000 per Occurrence \$100,000 Property Damage or \$1,000,000 Combined Single Limit
VL4	<u> </u>	\$5,000,000 Combined Single Limit

MISCELLANEOUS COVERAGES

BR1	<u> </u>	Builders' Risk	Limits equal to the completed project
MVC	<u> </u>	Motor Truck Cargo	Limits equal to the maximum value of any one shipment
PRO1	<u> </u>	Professional Liability	\$ 250,000 per Occurrence/\$ 500,000 Agg.
PRO2	<u> </u>		\$ 500,000 per Occurrence/\$1,000,000 Agg.
PRO3	<u> </u>		\$1,000,000 per Occurrence/\$2,000,000 Agg.
POL1	<u> </u>	Pollution Liability	\$ 500,000 per Occurrence/\$ 1,000,000 Agg.
POL2	<u> </u>		\$1,000,000 per Occurrence/\$ 2,000,000 Agg.
POL3	<u> </u>		\$5,000,000 per Occurrence/\$10,000,000 Agg.
ED1	<u> </u>	Employee	\$ 10,000
ED2	<u> </u>	Dishonesty	\$100,000
GK1	<u> </u>	Garage Keepers	\$ 300,000 (\$ 25,000 per Veh)
GK2	<u> </u>		\$ 500,000 (\$100,000 per Veh)
GK3	<u> </u>		\$1,000,000 (\$250,000 per Veh)

MONROE COUNTY, FLORIDA

Request For Waiver
of
Insurance Requirements

It is requested that the insurance requirements, as specified in the County's Schedule of Insurance Requirements, be waived or modified on the following contract:

Contractor: EAGLE Security Co.

Contract for: Duck Key Security Dis

Address of Contractor: 1050 Sylvia Ave
MARATHON FL 33050

Phone: 305-743-2822

Scope of Work: Security Patrol Duck Key

Reason for Waiver: I DO NOT Employ more Than
4 Full Time Employees. Thus Im
NOT Required.

Policies Waiver
will apply to:

Workers Compensation
Signature of Contractor: [Signature]

Approved

Not Approved

Risk Management:

Date:

4/7/04

County Administrator appeal:

Approved

Not Approved

Date:

Board of County Commissioners appeal:

Approved

Not Approved

Meeting Date:

DRUG-FREE WORKPLACE FORM

The undersigned vendor in accordance with Florida Statute 287.087 hereby certifies that:

Eagle Security Co.
(Name of Business)

1. Publish a statement notifying employees that the unlawful manufacture, distribution, dispensing, possession, or use of a controlled substance is prohibited in the workplace and specifying the actions that will be taken against employees for violations of such prohibition.
2. Inform employees about the dangers of drug abuse in the workplace, the business's policy of maintaining a drug-free workplace, any available drug counseling, rehabilitation, and employee assistance programs, and the penalties that may be imposed upon employees for drug abuse violations.
3. Give each employee engaged in providing the commodities or contractual services that are under bid a copy of the statement specified in subsection (1).
4. In the statement specified in subsection (1), notify the employees that, as a condition of working on the commodities or contractual services that are under bid, the employee will abide by the terms of the statement and will notify the employer of any conviction of, or plea of guilty or nolo contendere to, any violation of Chapter 893 (Florida Statutes) or of any controlled substance law of the United States or any state, for a violation occurring in the workplace no later than five (5) days after such conviction.
5. Impose a sanction on, or require the satisfactory participation in a drug abuse assistance or rehabilitation program if such is available in the employee's community, or any employee who is so convicted.
6. Make a good faith effort to continue to maintain a drug-free workplace through implementation of this section.

As the person authorized to sign the statement, I certify that this firm complies fully with the above requirements.

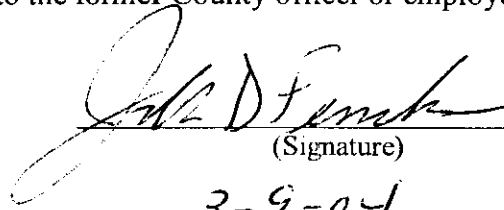
J. H. D. Fernandez
Bidder's Signature

3-8-04
Date

SWORN STATEMENT UNDER ORDINANCE NO. 10-1990
MONROE COUNTY, FLORIDA

ETHICS CLAUSE

EAGLE Security Co. warrants that he/it has not employed, retained or otherwise had act on his/its behalf any former County officer or employee in violation of Section 2 of Ordinance No. 10-1990 or any County officer or employee in violation of Section 3 of Ordinance No. 10-1990. For breach or violation of this provision the County may, in its discretion, terminate this contract without liability and may also, in its discretion, deduct from the contract or purchase price, or otherwise recover, the full amount of any fee, commission, percentage, gift, or consideration paid to the former County officer or employee.

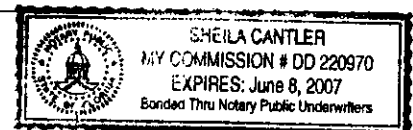

(Signature)
3-9-04
(Date)

STATE OF Florida
COUNTY OF MONROE

PERSONALLY APPEARED BEFORE ME, the undersigned authority,
Joseph D. Fernandez who, after first being sworn by me, affixed his/her signature (name of individual signing) in the space provided above on this 9th day of March, 2004.


NOTARY PUBLIC

My commission expires: _____



NON-COLLUSION AFFIDAVIT

I, JOSEPH D FERNANDES of the city of MARIATHON FL
according to law on my oath, and under penalty of perjury, depose and say that:

1. I am JOSEPH D FERNANDES
of the firm of EAGLE Security Co.
the bidder making the Proposal for the project described in the Notice for Calling for bids for:
Duck Key Security Dis.
and that I executed the said proposal with full authority to do so:
2. the prices in this bid have been arrived at independently without collusion, consultation, communication or agreement for the purpose of restricting competition, as to any matter relating to such prices with any other bidder or with any competitor;
3. unless otherwise required by law, the prices which have been quoted in this bid have not been knowingly disclosed by the bidder and will not knowingly be disclosed by the bidder prior to bid opening, directly or indirectly, to any other bidder or to any competitor; and
4. no attempt has been made or will be made by the bidder to induce any other person, partnership or corporation to submit, or not to submit, a bid for the purpose of restricting competition;
5. the statements contained in this affidavit are true and correct, and made with full knowledge that Monroe County relies upon the truth of the statements contained in this affidavit in awarding contracts for said project.

Joseph D Fernandes
(Signature of Bidder)

3-9-04
(Date)

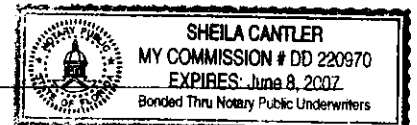
STATE OF: Florida

COUNTY OF: Monroe

PERSONALLY APPEARED BEFORE ME, the undersigned authority, Joseph D Fernandes
who, after first being sworn by me, (name of individual signing) affixed his/her signature in the space provided
above on this 9th day of March 2004.

Sheila Cantler
NOTARY PUBLIC

My Commission Expires: _____



ACORD™ CERTIFICATE OF LIABILITY INSURANCE		DATE (MM/DD/YY) 10/31/2003
PRODUCER El Dorado Insurance Agency, Inc. P. O. Box 66571 Houston, Texas 77266-6571 713-521-9251		THIS CERTIFICATE IS ISSUED AS A MATTER OF INFORMATION ONLY AND CONFERS NO RIGHTS UPON THE CERTIFICATE HOLDER. THIS CERTIFICATE DOES NOT AMEND, EXTEND OR ALTER THE COVERAGE AFFORDED BY THE POLICIES BELOW.
INSURED Eagle Security Company 1050 Sylvia Avenue Marathon, FL 33050 305-743-2822		
INSURERS AFFORDING COVERAGE		
		INSURER A: Clarendon America Insurance Co.
		INSURER B:
		INSURER C:
		INSURER D:
		INSURER E:

COVERAGES THE POLICIES OF INSURANCE LISTED BELOW HAVE BEEN ISSUED TO THE INSURED NAMED ABOVE FOR THE POLICY PERIOD INDICATED. NOTWITHSTANDING ANY REQUIREMENT, TERM OR CONDITION OF ANY CONTRACT OR OTHER DOCUMENT WITH RESPECT TO WHICH THIS CERTIFICATE MAY BE ISSUED OR MAY PERTAIN, THE INSURANCE AFFORDED BY THE POLICIES DESCRIBED HEREIN IS SUBJECT TO ALL THE TERMS, EXCLUSIONS AND CONDITIONS OF SUCH POLICIES. AGGREGATE LIMITS SHOWN MAY HAVE BEEN REDUCED BY PAID CLAIMS.						
INSR LTR	TYPE OF INSURANCE	POLICY NUMBER	POLICY EFFECTIVE DATE (MM/DD/YY)	POLICY EXPIRATION DATE (MM/DD/YY)	LIMITS	
A	GENERAL LIABILITY <input checked="" type="checkbox"/> COMMERCIAL GENERAL LIABILITY <input type="checkbox"/> CLAIMS MADE <input checked="" type="checkbox"/> OCCUR <input checked="" type="checkbox"/> Errors & Omissions GEN'L AGGREGATE LIMIT APPLIES PER: <input checked="" type="checkbox"/> POLICY <input type="checkbox"/> PROJECT <input type="checkbox"/> LOC	HX00007448	10/27/03	10/27/04	EACH OCCURRENCE	\$ 1,000,000
					FIRE DAMAGE (Any one fire)	\$ 50,000
					MED EXP (Any one person)	\$ 5,000
					PERSONAL & ADV INJURY	\$ 1,000,000
					GENERAL AGGREGATE	\$ 2,000,000
					PRODUCTS - COM/POP AGG	\$ 1,000,000
	AUTOMOBILE LIABILITY <input type="checkbox"/> ANY AUTO <input type="checkbox"/> ALL OWNED AUTOS <input type="checkbox"/> SCHEDULED AUTOS <input type="checkbox"/> HIRED AUTOS <input type="checkbox"/> NON-OWNED AUTOS				COMBINED SINGLE LIMIT (Ea accident)	\$
					BODILY INJURY (Per person)	\$
					BODILY INJURY (Per accident)	\$
					PROPERTY DAMAGE (Per accident)	\$
	GARAGE LIABILITY <input type="checkbox"/> ANY AUTO				AUTO ONLY - EA ACCIDENT	\$
					OTHER THAN EA ACC	\$
					AUTO ONLY: AGG	\$
	EXCESS LIABILITY <input type="checkbox"/> OCCUR <input type="checkbox"/> CLAIMS MADE <input type="checkbox"/> DEDUCTIBLE <input type="checkbox"/> RETENTION \$				EACH OCCURRENCE	\$
					AGGREGATE	\$
						\$
						\$
						\$
	WORKERS COMPENSATION AND EMPLOYERS' LIABILITY				WC STATUTORY LIMITS	\$
					E.L. EACH ACCIDENT	\$
					E.L. DISEASE - EA EMPLOYEE	\$
					E.L. DISEASE - POLICY LIMIT	\$
	OTHER					

DESCRIPTION OF OPERATIONS/LOCATIONS/VEHICLES/EXCLUSIONS ADDED BY ENDORSEMENT/SPECIAL PROVISIONS The Certificate Holder is named as Additional Insured on the General Liability policy as required by Written Contract.

CERTIFICATE HOLDER <input checked="" type="checkbox"/> ADDITIONAL INSURED; INSURER LETTER: A	CANCELLATION SHOULD ANY OF THE ABOVE DESCRIBED POLICIES BE CANCELLED BEFORE THE EXPIRATION DATE THEREOF, THE ISSUING INSURER WILL ENDEAVOR TO MAIL <u>10</u> DAYS WRITTEN NOTICE TO THE CERTIFICATE HOLDER NAMED TO THE LEFT, BUT FAILURE TO DO SO SHALL IMPOSE NO OBLIGATION OR LIABILITY OF ANY KIND UPON THE INSURER, ITS AGENTS OR REPRESENTATIVES. AUTHORIZED REPRESENTATIVE:
Monroe County 1100 Simonton Street Key West, FL 33040 (OMB)	

**SECURITY PATROLS AND SERVICES
BID FORM**

The undersigned, duly authorized to submit this bid on behalf of the bidding entity, hereby proposes to provide the services specified in the Duck Key Security District Security Patrols and Services Request for Bids. Specifications and Scope of Services, as outlined therein in Articles 2.03 and 2.04, for

The sum of \$ 63,961.60 per year, to be paid in 12 installments of \$ 5330.18 each.
\$15.20 per hr.

DATED: 03-09-04

Witnesses (signatures of 2 required):

[Signature]
[Signature]

Signature:

[Signature]

Print Name:

JOSEPH D FERNANDES

Title:

OWNER

GENERAL LIABILITY

As a minimum, the required general liability coverage will include:

- Premises Operations
- Blanket Contractual
- Expanded Definition Of Property Damage
- Products and Completed Operations
- Personal Injury

Required Limits:

GL1	<u> X </u>	\$100,000 per Person; \$300,000 per Occurrence \$50,000 Property Damage or \$300,000 Combined Single Limit
GL2	<u> </u>	\$250,000 per Person; \$500,000 per Occurrence \$50,000 Property Damage or \$500,000 Combined Single Limit
GL3	<u> </u>	\$500,000 per Person; \$1,000,000 per Occurrence \$100,000 Property Damage or \$1,000,000 Combined Single Limit
GL4	<u> </u>	\$5,000,000 Combined Single Limit

Required Endorsement:

GLXCU	<u> </u>	Underground, Explosion and collapse (XCU)
GLLIQ	<u> </u>	Liquor Liability
GLS	<u> X </u>	Security Services

All endorsements are required to have the same limits as the basic policy

INSURANCE AGENT'S STATEMENT

I have reviewed the above requirements with the bidder named below. The following deductibles apply to the corresponding policy.

POLICY

DEDUCTIBLES

HX00007448-General Liability\$100

Liability policies are X Occurrence _____ Claims Made _____

El Dorado Insurance Agcy, Inc.
Insurance Agency


Signature

BIDDERS STATEMENT

I understand the insurance that will be mandatory if awarded the contract and will comply in full with all the requirements.

EAGLE Security
Bidder


Signature

MED1	_____	Medical	\$ 250,000/\$ 750,000 Agg.
MED2	_____	Professional	\$ 500,000/\$ 1,000,000 Agg.
MED3	_____		\$1,000,000/\$3,000,000 Agg.
MED4	_____		\$5,000,000/\$10,000,000 Agg.
IF	_____	Installation Floater	Maximum value of Equipment Installed
VLP1	_____	Hazardous	\$ 300,000 (Requires MCS-90)
VLP2	_____	Cargo	\$ 500,000 (Requires MCS-90)
VLP3	_____	Transporter	\$1,000,000 (Requires MCS-90)
BLL	_____	Bailee Liability	Maximum Value of Property
HKL1	_____	Hangarkeepers	\$ 300,000
HKL2	_____	Liability	\$ 500,000
HKL3	_____		\$1,000,000
AIR1	_____	Aircraft	\$ 1,000,000
AIR2	_____	Liability	\$ 5,000,000
AIR3	_____		\$50,000,000
AEO1	_____	Architects Errors	\$ 250,000 per Occurrence/\$ 500,000 Agg.
AEO2	_____	& Omissions	\$ 500,000 per Occurrence/\$1,000,000 Agg.
AEO3	_____		\$1,000,000 per Occurrence/\$3,000,000 Agg.
EO1	_____	Engineers Errors	\$ 250,000 per Occurrence/\$ 500,000 Agg.
EO2	_____	& Omissions	\$ 500,000 per Occurrence/\$1,000,000 Agg.
EO3	_____		\$1,000,000 per Occurrence/\$3,000,000 Agg.

RESPONSE TO: MONROE COUNTY BOARD OF COUNTY COMMISSIONERS
c/o PURCHASING DEPARTMENT
GATO BUILDING, ROOM 2-213
1100 SIMONTON STREET
KEY WEST, FLORIDA 33040

I acknowledge receipt of Addenda No.(s) OMB-70-296-2004-LC

I have included:

Bid Form ✓

Drug Free Workplace Form X

Insurance Agent's (or Respondent/Bidder's) Statement X

Lobbying and Conflict of Interest Clause X

Non-Collusion Affidavit X

In addition, I have included a current copy of the following professional and occupational licenses:

(Check mark items above, as a reminder that they are included.)

Mailing Address: PO Box 522724 Telephone: 305-743-2822
MARATHON FL Fax: 305-289-8566
33052

Signed: [Signature] Date: 3-9-04
Witness: [Signature]

JOSEPH D FERNANDES
(Name)

OWNER.
(Title)

(Seal)

FACILITIES
OR
MACHINES

ROOMS

SEATS

OCCUPATIONAL TAX
STATE OF FLORIDA

MONROE

MUST BE DISPLAYED IN CONSPICUOUS PLACE

EMPLOYEES

TYPE OF
BUSINESS

BUSINESS
ADDRESS

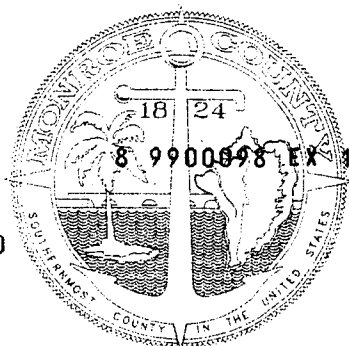
46110 SECURITY AGENT

NAME
MAILING
ADDRESS

10971 6TH AVE
05 - MARATHON

EAGLE SECURITY CO
FERNANDES JOSEPH D
1050 SYLVIA AVE #3
MARATHON FL

33050



8 9900098 EX 11/05

PP 8990488 DEL

THIS BECOMES A TAX
RECEIPT WHEN VALIDATED

DANISE D. HENRIQUEZ TAX COLLECTOR
PO BOX 1129, KEY WEST FL 33041-1129

0000000000 0000003000 0000461100078846 1001 0

ACCOUNT

EXPIRES

46110-0078846

SEPT. 30, 2004

SUPPLEMENTAL
RENEWAL
NEW TAX
TRANSFER
ORIGINAL TAX

30.00

AMOUNT
PENALTY
COLLECTION
TOTAL

DANISE D. HENRIQUEZ
TAX COLLECTOR
2600152.0002 of 0002
DATE 2/24/04
MAI 1411
204
Paid 42.50

7.50
5.00
42.50

THIS IS ONLY A TAX. YOU MUST
MEET ALL COUNTY PLANNING
AND ZONING REQUIREMENTS.

FACILITIES
OR
MACHINES

ROOMS

SEATS

OCCUPATIONAL TAX
STATE OF FLORIDA

MONROE

MUST BE DISPLAYED IN CONSPICUOUS PLACE

EMPLOYEES

0-5

TYPE OF
BUSINESS

BUSINESS
ADDRESS

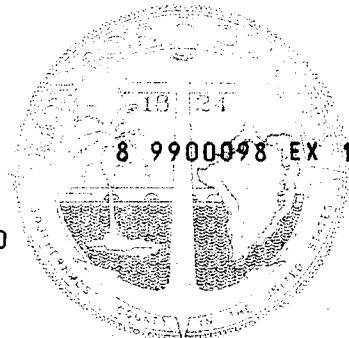
47161 SECURITY CO

NAME
MAILING
ADDRESS

10971 6TH AVE
05 - MARATHON

EAGLE SECURITY CO
FERNANDES JOSEPH D
1050 SYLVIA AVE #3
MARATHON FL

33050



8 9900098 EX 11/05

PP 8990488 DEL

THIS BECOMES A TAX
RECEIPT WHEN VALIDATED

DANISE D. HENRIQUEZ TAX COLLECTOR
PO BOX 1129, KEY WEST FL 33041-1129

0000000000 0000002200 0000471610078845 1001 1

ACCOUNT

EXPIRES

47161-0078845

SEPT. 30, 2004

SUPPLEMENTAL
RENEWAL
NEW TAX
TRANSFER
ORIGINAL TAX

22.00

AMOUNT
PENALTY
COLLECTION
TOTAL

DANISE D. HENRIQUEZ
TAX COLLECTOR
2600152.0001 of 0002
DATE 2/24/04
MAI 1411
204
Paid 32.50

5.50
5.00
32.50

THIS IS ONLY A TAX. YOU MUST
MEET ALL COUNTY PLANNING
AND ZONING REQUIREMENTS.

FLORIDA DEPARTMENT OF AGRICULTURE & CONSUMER SERVICES

Charles H. Bronson
Commissioner

DIVISION OF LICENSING

ISSUE DATE:

10/20/03

LICENSE NO.

8 9900098

AUDIT CONTROL NO.

045422

337840

THE AGENCY OR SCHOOL
NAMED BELOW IS LICENSED AND REGULATED
UNDER THE PROVISIONS OF CHAPTER 493, FLORIDA STATUTES, FOR
THE PERIOD EXPIRING

NOV 08, 2005

SECURITY AGENCY

EAGLE SECURITY CO
1050 SYLVIA AVENUE
MARATHON, FL 33050

FERNANDES, JOSEPH D.
PARTNER

Charles H. Bronson

Commissioner